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www.medi-cal.ca.gov

Pharmacy Bulletin 651

March 2007

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Medi-Cal List of Contract Drugs

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs*, *Drugs: Contract Drugs List Part 2 – Over-the-Counter Drugs* and *Drugs: Contract Drugs List Part 4 – Therapeutic Classifications Drugs*.

Change, effective April 1, 2007

<u>Drug</u> <u>Size and/or Strength</u> <u>Billing Unit</u>

* LEVONORGESTREL

Tablets 0.75 mg ea

* Restricted to a maximum quantity of two tablets per dispensing with a maximum of six dispensings in any 12-month period for females **18 years of age and older**.

Please see Contract Drugs, page 3

EDS/MEDI-CAL HOTLINES

Border Providers	(916) 636-1200
CDHS Medi-Cal Fraud Hotline	1-800-822-6222
Telephone Service Center (TSC)	1-800-541-5555
Provider Telecommunications Network (PTN)	1-800-786-4346

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For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.



OPT OUT is a service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply "opt-out" of receiving this same information on paper, through standard mail. To download the OPT-OUT enrollment form or for more information, go to the Medi-Cal Web site at www.medi-cal.ca.gov, and click the "Learn how..." OPT OUT link on the right side of the home page.

Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the California Department of Health Services Web site at http://www.dhs.ca.gov.

MEDI-CAL FRAUD

IS AGAINST THE

LAW

MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS EACH YEAR AND CAN ENDANGER THE HEALTH OF CALIFORNIANS.

HELP PROTECT MEDI-CAL AND YOURSELF BY REPORTING YOUR OBSERVATIONS TODAY.

CDHS MEDI-CAL FRAUD HOTLINE

1-800-822-6222

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Contract Drugs (continued)

Changes, effective April 1, 2007 (continued)

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Drug	Size and/or Strength	Billing Unit
MORPHINE SULFATE		
Injection		CC
* Capsules, extended release	30 mg	ea
	60 mg	ea
	90 mg	ea
	120 mg	ea
* Restricted to a maximum of 90 capsules per disp strength in a 75-day period for claims submitted September 30, 2005.		
* Capsules, sustained release	20 mg	ea
	30 mg	ea
	50 mg	ea
	60 mg	ea
	100 mg	ea
* Restricted to a maximum of 90 capsules per disp any strength in a 75-day period. Exceptions to the labeler code 63857 [Faulding Laboratories or Alp	nis restriction require prior authorization. (I	
* Tablets, <u>oral</u>	10 mg	ea
1 abioto, <u>4-rar</u>	15 mg	ea
	30 mg	ea
* Restricted to a maximum of 90 tablets per disper strength in a 75-day period. Exceptions to this re	nsing and a maximum of three dispensings	
* Tablets, long-acting	15 mg	ea
, 5	30 mg	ea
	60 mg	ea
	100 mg	ea
* Restricted to:	g	- Cu
 claims submitted with dates of service through a maximum of 90 capsules per dispensing and day period for claims submitted with dates September 30, 2005 	d a maximum of three dispensings of any s	
Liquid	10 mg/5 cc	сс
·	20 mg/5 cc	СС
	20 mg/cc	cc
* VALACYCLOVIR HCL		
Tablets	500 mg	ea
iabioto	1 Gm	ea
* Restricted to use in herpes genitalis and herpes zo [GlaxoSmithKline] only)		

Please see Contract Drugs, page 4

Contract Drugs (continued)

Change, effective July 1, 2007

<u>Drug</u> MIRTAZAPINE	Size and/or Strength	Billing Unit
Tablets or orally disintegrating tablets	15 mg	ea
	30 mg	ea
	45 mg	ea
(NDC labeler code 00052 [Organon, Inc.] for	orally disintegrating tablets only.)	

These updates are reflected on manual replacement pages <u>drugs cdl p1b 52 and 54</u> (Part 2), <u>drugs cdl p1d 19</u> (Part 2), <u>drugs cdl p2 7</u> (Part 2) and <u>drugs cdl p4 10</u> (Part 2).



DUR Target Drug List

Effective May 1, 2007, Etanercept will be removed from the Drug Use Review (DUR) Target Drug List and DUR screenings will be limited to Early Refill (ER) and Drug-Drug Interaction (DD).

Medical Supply Changes: Advanced Wound Care

The California Department of Health Services (CDHS) recently negotiated contracts with manufacturers to obtain a maximum acquisition cost (MAC) for alginate and collagen advanced wound care products. The MAC established by these contracts will set the maximum amount that a Medi-Cal provider will pay and/or be reimbursed for these products. Only listed alginate and collagen advanced wound care products will be benefits.

Medical Supply Updates

The following medical supply product codes have been added for alginate and collagen advanced wound care products:

9900X, 9900Z, 9902Z, 9903G, 9908P, 9908R, 9908S, 9908V, 9908W, 9908X and 9908Z

The products and product codes with the maximum allowable amounts are listed in the *Medical Supply Products: Wound Care* section of the Part 2 manual.

Billing Transition

Effective for dates of service on or after May 1, 2007, the new advanced wound care product codes and pricing will be implemented. Providers may begin billing alginate and collagen products using the new product codes. Effective July 1, 2007, only listed alginate and collagen wound care products will be reimbursable. Providers who have obtained *Treatment Authorization Requests* (TARs) for non-contracted items prior to July 2, 2007 will be allowed to continue billing these items until their TAR authorization has been exhausted.

Manufacturer Billing Code Update

Several manufacturer billing codes have been added.

Manufacturer	
Billing Code	Manufacturer Name
2Q	Argentum Medical, LLC
2Q	Hartmann-Conco, Inc.
2U	Lohmann & Rauscher
ZX	MPM Medical
2V	Southwest Technologies, Inc.
HC	UDL Laboratories/Mylan/Bertek
2J	Wound Care Concepts, Inc. dba Gentell
2W	Wound Care Innovations, LLC

This information is reflected on manual replacement pages <u>mc sup lst1 1</u> (Part 2), <u>mc sup man cd 2, 4 thru 6, 9 and 10</u> (Part 2) and <u>mc sup prod wou 1 thru 5</u> (Part 2).

Instructions for Manual Replacement Pages March 2007

Part 2

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Remove and replace: Contents for Pharmacy Billing and Policy iii/iv

drugs cdl p1b 51 thru 54 drugs cdl p1d 19/20 drugs cdl p2 7/8 drugs cdl p4 9/10 mc sup lst1 1/2

mc sup man cd 1 thru 6, 9/10

Insert after the *Medical* Supplies: *Medicare Covered*

Services section: mc sup prod wou 1 thru 5 (new)